

AIDS Brief

for professionals

Town and Regional Planners



The importance of considering HIV/AIDS in town and regional planning may not perhaps be immediately apparent. However, a brief reflection reveals multiple situations where an understanding of the HIV/AIDS epidemic and the subsequent consideration of this in planning (particularly of the underlying factors) can have a significant impact on the extent to which the emerging epidemic will influence the livelihood of communities.

This Brief is written for town and regional planners who are working for an authority (national, provincial, local) or who have received a mandate from the public sector to do so. The extent to which HIV/AIDS needs to be taken into account by town and regional planners will depend on the planner's specific role and the particular context.

BACKGROUND

Generically, "Planning involves:

- a) an ability to anticipate future events,*
- b) a capacity for analysing and evaluating situations and*
- c) a capacity for innovative thinking to derive satisfactory solutions.*

As practised by government institutions, it represents collective social action and a continuing process of strategic choice."

(Source: B. Goodall, *Penguin Dictionary of Human Geography*, 1987.)



Current responses to HIV/AIDS by town and regional planners

The built environment professions have typically classified HIV/AIDS as a "health issue" to be dealt with by the health sector. As a result, there are few examples of HIV/AIDS having been taken into account by planners. In addition, most professional planners would not have been required to consider the impact of HIV/AIDS in their planning education. Planning responses to the HIV/AIDS epidemic have thus been largely undertaken within the health sector (by health planners) who have focused on the impact on health services and human resources.

Role of town and regional planners in determining the type of response

The roles of town and regional planners vary considerably from land use control to guiding in the preparation of development policies and facilitating development. Town and regional planners should be aware of the key ways in which HIV/AIDS needs to be taken into account in the type of planning for which they are responsible. Where town and regional planning refers to the traditional function of land use allocation and control, then there are limited (though important) HIV/AIDS issues to be considered and incorporated into plans. Town and regional planners involved in more "developmentally orientated" work, will need to play a role in advising decision-makers of likely impacts and helping in the formulation

of appropriate strategies. Examples would be planners whose function it is to advise city management, address inequalities in access to services and/or opportunities, or to prepare short-, medium- and long-term plans to guide in the allocation of scarce resources.

Context

The response of the town and regional planner will depend on the context, in particular the stage of the epidemic, and the extent to which resources have already been mobilised around HIV/AIDS. For example:

- Have national, regional, and city-wide demographic projections been prepared which take HIV/AIDS into account?
- Have sector-specific strategies to HIV/AIDS been prepared?
- Are welfare policies in place?

KEY ELEMENTS

HIV/AIDS differs from other "health concerns" in that it results in the loss of economically active people in the prime of life. As a result, the impact of the AIDS epidemic on individuals, families and communities at the micro-level of society can be immense - particularly at the household level. As a result of illness, loss of work and death, families' and communities' economic resources can be stretched and support systems may break down. In addition, there is a loss to the economy. This impact differs considerably between sectors.

For town and regional planners the key elements to be aware of are:

- The accuracy of the statistics of HIV prevalence which are available is questionable. Reported AIDS deaths are only a proportion of those who have died

due to the epidemic. For example, many AIDS-related deaths are classified as tuberculosis.

- There are differing impacts on different sectors and at different scales.
- It is necessary to quantify the extent of possible impacts to help policy-makers allocate resources and prioritise programmes.
 - a) Population projections need to be prepared, based on high and low infection rates.
 - b) The inputs into the projections need to be realistic and the projections monitored over time.
 - c) Planners need to work closely with demographers.
 - d) It is difficult to put HIV/AIDS onto the decision-makers' agenda where the

epidemic has not yet resulted in widespread deaths.

- Certain groups in society are more susceptible to infection and vulnerable to the impacts of infection.
- There is a need to motivate for targeted interventions in order strategically to address the impacts.
- There is a need to have a well-argued, pithy motivation to explain why HIV/AIDS is a "development" issue and must be considered at all levels of planning.

Table 1 summarises the nature of impacts of HIV/AIDS at various scales, highlighting the implications for planning. This table can be used as a guide regarding the possible issues to be considered relative to the scale of planning.

CHECKLIST

- ✓ Which groups are most susceptible to infection and vulnerable to the impact of HIV/AIDS?
- ✓ What is the likely rate of infection, shape of the curve and when will the mortality rate due to HIV/AIDS deaths occur, etc.?
- ✓ How does the epidemic differ by city, region, and province?
- ✓ Which sectors will be most impacted on and when?

- ✓ Have these issues already been accommodated in national, regional and other levels of planning?
- ✓ How can HIV/AIDS best be incorporated into the briefs for consultants to ensure that adequate attention is given to HIV/AIDS?
- ✓ What is the health sector response?
- ✓ What are the prevailing prevention strategies and how can they be taken into

account in the development of any strategy?

- ✓ What data are available from the private sector e.g. estimates from the insurance industry, projections, sectoral impacts etc.?
- ✓ What needs to be suggested to help ensure that recommendations are taken through into implementable strategies, monitored and evaluated?



PLANNING TOOLS

1. Examples that suggest how to incorporate AIDS into strategic planning.
2. Demographic projections which include HIV projections at city, region, province and national levels, documents and computer programmes. These need to be monitored for accuracy as the epidemic progresses.

3. The Jaipur Paradigm, which can be used as a model in order to identify the key groups which will be susceptible to infection and vulnerable to the impacts of infection.
4. Case studies, which look at the regional and national impacts such as the KwaZulu-Natal report, and the Gauteng

Government report from South Africa and the National Thai plan.

5. Examples which describe the roles of other agencies such as NGOs and CBOs in a developing country context (see Lawson, 1997).

(See back page for references.)

TABLE 1: NATURE OF IMPACTS AT VARIOUS SCALES: IMPLICATIONS FOR PLANNING

| IMPACTS | NATIONAL | PROVINCIAL / REGIONAL | LOCAL GOVERNMENT / SETTLEMENT | HOUSEHOLD LEVEL |
|---|--|--|--|---|
| Demographic profile of the population will change as a result of HIV/AIDS. There could be a resultant change in the demand for goods and services (especially health and welfare) depending on the scale of the epidemic. | The population projections will help in decisions regarding the need for revised plans and the allocation of resources between provinces / regions. There is a need for a national campaign and strategy of prevention and impact mitigation. This needs to be a multi-level initiative, undertaken as a partnership between Government, civil society and business. | Provinces, regions and districts will differ in the phase and extent of the epidemic. Appropriate strategies will need to be prepared. | An overall strategy with a focus on education / prevention and addressing impacts will be needed in addition to specific strategies on: <ul style="list-style-type: none"> ■ child care - institutions or foster care ■ care of the sick and dying - home-based / institutional ■ rate of land take up in cemeteries ■ demand for pauper burials. | As a result of HIV/AIDS, family structure will change resulting in increasing numbers of: <ul style="list-style-type: none"> ■ orphans ■ single parent households ■ aged grandparents (dependent on pensions) as care-givers to sick and young ■ orphan-headed households. |
| The changing socio-economic profile of the community impacts on the ability to pay for services, land, etc. | Socio-demographic impacts are unlikely to impact on GDP overall, but will result in greater income disparities nationally. | Certain regions/provinces will be impacted on more than others. Sectoral and regional specific strategies will be needed. It will be necessary to assess how urban and rural areas will be impacted on differently. Increasing welfare needs of the destitute will emerge. | The ability of affected households to pay for local government services such as water, sanitation, rates, etc. should be equated. An increase in the sale of serviced sites on the informal real estate market in order to liquidate assets may be found. | Increasing levels of household poverty with a reduced ability of households to cover costs, inter alia for nutrition needs, school fees and uniforms, etc. of children is likely to occur. Housing may become more overcrowded and improvements in housing curtailed. |
| Sectoral impacts: certain sectors are more vulnerable to impact than others. | Certain sectors (such as mining, transportation, army and police) are likely to experience the greatest impacts and some regions will experience a greater impact than others. | Increasing demands for health services, welfare services and impact on education (demand and supply) will be significant. | Planning by health service providers to address changing need for health facilities / staffing. Planning by education planners to address changing needs for education facilities and staffing and the need for school fees subsidies for families affected. | Employees who are migrants or working in various sectors are more likely to be infected and their families / communities affected. |
| Developmental impacts: HIV/AIDS is likely to undermine developmental gains. For example, mortality rates are likely to increase, undermining "hard-won" gains in life expectancy by up to 16 years. | Deaths due to HIV/AIDS will mainly occur in the potentially economically active age group (15-64). Inequality in income distribution will increase. | The potential for an increasing discrepancy between the rate of growth in various provinces / regions may occur. | There is a need to consider the impact on health service provision for the terminally ill - whether urban or rural areas are likely to become the "place of care" for the terminally ill. Increasing levels of migration of AIDS sick to areas where there are better health facilities/ services may occur. | With further stresses / challenges on the economic survival of poor households, there is a need to promote micro-enterprise as a safety net for the poor. A lack of time or commitment to broader development issues by family members because of the need to care for sick will occur. Great psycho-social stress on communities and households is likely due to the increasing disruption of family life by deaths. |

SUMMARY

- Town and regional planners have an important role in helping the agencies they are advising to act proactively, therefore limiting/reducing the susceptibility of the local, regional or national authority and the areas/communities being planned for, to the impact of AIDS. This is the more "developmental" role of planning and requires that the planner helps in preparing demographic projections, assessing potential impacts across sectors, spatial areas etc and makes a number of recommendations to be taken up across other sectors eg. education facilities, health sector, local government etc.
- In response to the already high levels of infections, town and regional planners can also help authorities to manage the impacts, thereby trying to limit or mitigate the impacts of high rates of illness and death. Examples of a reactive response could be rapid land release for burials, advising re changing the use of schools and other facilities no longer needed, facilitating access by the poor to food-generating opportunities such as urban agriculture, poverty alleviation strategies and service charge rebates for the indigent etc.
- The response of the planners will depend on the context within which they are working. The planner should play a role in:
 - ✓ clarifying what the likely impacts will be (extent of the epidemic and likely rate of growth, impacts on various sectors, location, time scale etc.).
 - ✓ advising on appropriate responses (if you do nothing....etc.).
 - ✓ monitoring the impact of the epidemic.
 - ✓ advising on how the response should be readjusted, where appropriate.
- As a profession involved in "seeing the big picture", planners have a unique and critical role in helping the authorities they advise to grasp at opportunities to be proactive in limiting the extent of the epidemic, and to deal with the devastating impacts on the life of communities.

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CASE STUDIES

- Zimbabwe: Loewenson R; and Kerkhoven R: 'The Socio-Economic Impact of AIDS: Issues and Options in Zimbabwe', *SAfAIDS Occasional Papers, Series no. 1*, Zimbabwe (1996)
- Zambia: <http://www.zamnet/health/aids/aidszam.htm>
- Namibia: <http://www.un.na/un aids>
- Thailand: <http://www.nectec.or.th/users/craig>
- Indonesia: <http://www.rad.net.id/aids>
- Ukraine: <http://www.unaids.org/un aids/documents/other/kieveng.html> with a focus on socio-economic impacts and inter-sectoral action
- Jaipur Paradigm for an understanding of the concept of vulnerability and susceptibility as a tool for planners. See Whiteside A; 'Policy Makers' and Planners' Needs in Projecting the Epidemic' in Whiteside A (ed), *Implications of AIDS for Demography and Policy in Southern Africa* (1998)

CONTACTS

- AIDS and strategic planning: Guidelines about what needs to be considered, chapter by chapter; <http://www.unaids.org/un aids/document/strategic/index.html>
- AIDS and economics: Connection to a range of resources/ indexes; <http://www.worldbank.org/aids-econ>
- AIDS Index: A number of links to AIDS-related web sites; <http://www.unaids.org/highband/link.html>
- AIDS Best Practice collection; <http://www.unaids.org/un aids/bpc/keymaterials/country.html>
- Epimodel: Modelling programme from UNAIDS, accessed via <http://www.unaids.org/highband/index.html> or directly <ftp://gpafpt.who.ch/inet/ftp/epi/index.html>
- Demproj and other AIDS Impact Models including Spectrum available from USAID, Policy Project (email: policyinfo.tfgi.com)
- HEARD website: www.und.ac.za/und/heard

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